

HCFA Information
Resource Center

HCFA Statistics

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Health Care Financing Administration
Bureau of Data Management and Strategy
September 1983

**U.S. DEPARTMENT OF HEALTH AND
HUMAN SERVICES**

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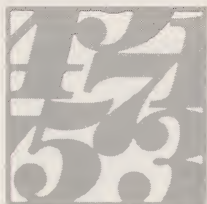
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Preface

Since the Medicare and Medicaid programs began, health care expenditures have grown faster than the rest of the economy. Medicare and Medicaid have grown even faster than health expenditures in general. This reference booklet provides significant summary information about health expenditures and Health Care Financing Administration (HCFA) programs.

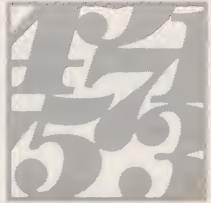


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Highlights



Growth in HCFA programs and health expenditures

Populations

- Persons enrolled for Medicare coverage increased from 19.5 million in 1967 to 30 million in 1983, a 53-percent increase.

In 1967, Medicare enrollees represented 9.7 percent of the U.S. resident population; in 1983, they represented 12.6 percent.

- Medicaid recipients (data on eligibles are not available) increased from about 10 million in calendar year 1967 to 22.2 million in fiscal year 1983, an increase of 124 percent.

Data for 1982 indicate that almost 9 percent of the U.S. resident population received Medicaid services.

Providers/Suppliers

- The number of short-stay hospitals decreased by 135 from 6,198 to 6,063 between the end of 1967 and January 1983. However, the number of certified beds increased 246,000 or 32 percent during the same period.
- Skilled nursing facilities decreased from 4,405 in January 1968 to 3,928 in July 1976. Since then, the number has increased steadily to 5,510 in January 1983, a 40-percent increase.
- Skilled nursing facility beds decreased from 308,800 in January 1968 to 287,500 in January 1976. The number has increased steadily since then to 497,100 in January 1983, a 73-percent increase.
- The number of home health agencies increased 92 percent from 1,890 in January 1968 to 3,627 in January 1983.
- Independent laboratories increased 55 percent from 2,355 in January 1968 to 3,643 in January 1983.

Expenditures

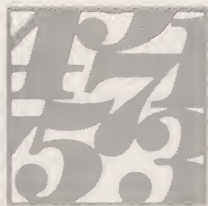
- National health expenditures increased 561 percent between fiscal year 1967 (\$49 billion) and calendar year 1982 (\$322 billion), while the gross national product increased 294 percent.
- Public expenditures on health increased 714 percent between 1967 (\$17 billion) and 1982 (\$137 billion).
- Federal health expenditures increased 814 percent between 1967 (\$10 billion) and 1982 (\$93 billion).
- Total Medicare and Medicaid expenditures increased 1,359 percent between 1967 (\$6 billion) and 1982 (\$86 billion).

- National health expenditures per person increased from \$242 in 1967 to \$1,365 in 1982, an increase of 464 percent.

Utilization of Medicare and Medicaid Services

- Almost 40 million persons will receive services reimbursed under Medicare or Medicaid in fiscal year 1983. Approximately 15 million persons received some reimbursed services in calendar year 1967. This is an increase of 167 percent.
- One out of four, or about 10 million of these persons, will use inpatient hospital services covered under Medicare or Medicaid.
- Three out of four, or about 30 million of these persons, will receive reimbursable physician services under Medicare or Medicaid this year.
- More than 16 million persons will receive reimbursable outpatient hospital services under Medicare or Medicaid this year.
- About 800,000 persons will receive care covered by Medicare or Medicaid in skilled nursing facilities this year.
- More than 900,000 persons will receive covered intermediate care facilities care under Medicaid this year.
- About 1.5 million persons will receive reimbursable home health agencies visits under Medicare or Medicaid this year.
- About 14 million persons will receive drug prescriptions under Medicaid this year.

Populations



Information about persons covered by Medicare and Medicaid

For Medicare, statistics are based on persons enrolled for coverage. For Medicaid, recipient counts are used as a surrogate of persons eligible for coverage as well as for persons utilizing services. Statistics are available by major program categories, by demographic and geographic variables, and as proportions of the U.S. population. Utilization data organized by persons served may be found in the Utilization section.

MEDICARE ENROLLMENT/TRENDS

| | Total Persons | Aged Persons | Disabled Persons |
|---------------|------------------|-----------------|---------------------|
| (in millions) | | | |
| July | | | |
| 1966 | 19.1 | 19.1 | — |
| 1970 | 20.5 | 20.5 | — |
| 1975 | 25.0 | 22.8 | 2.2 |
| 1980 | 28.5 | 25.5 | 3.0 |
| 1981 | 29.0 | 26.0 | 3.0 |
| 1982 | 29.5 | 26.5 | 3.0 |
| 1983 | 30.0 | 27.1 | 2.8 |
| 1984 | 30.5 | 27.7 | 2.8 |

MEDICARE ENROLLMENT/COVERAGE

| | HI and/or SMI ¹ | HI | SMI |
|------------------|----------------------------|------|------|
| (in millions) | | | |
| All Persons | 29.5 | 29.1 | 28.4 |
| Aged Persons | 26.5 | 26.1 | 25.7 |
| Disabled Persons | 3.0 | 3.0 | 2.7 |

(July 1982)

¹ Hospital insurance (HI); supplementary medical insurance (SMI).

MEDICARE ENROLLMENT/DEMOGRAPHICS

| | Total | Male | Female |
|------------------|--------|--------|--------|
| (in thousands) | | | |
| All Persons | 29,494 | 12,518 | 16,976 |
| Aged Persons | 26,540 | 10,653 | 15,887 |
| 65-74 | 15,674 | 6,839 | 8,835 |
| 75-84 | 8,249 | 3,049 | 5,200 |
| 85 and over | 2,617 | 764 | 1,853 |
| Disabled Persons | 2,954 | 1,865 | 1,089 |
| Under 45 | 764 | 503 | 261 |
| 45-54 | 622 | 405 | 217 |
| 55-64 | 1,568 | 957 | 611 |
| White | 25,796 | 10,889 | 14,907 |
| Other Races | 2,869 | 1,295 | 1,575 |
| Unknown | 829 | 334 | 495 |

(July 1982)

MEDICARE ENROLLMENT/REGION

| | July 1982 | | Enrollees as Percent of Population |
|---------------|------------------------|-----------------------|--|
| | Resident Population | Medicare Enrollees | |
| | (in thousands) | | |
| All Regions | 235,216 | ¹ 29,264 | 12.4 |
| Boston | 12,492 | 1,699 | 13.6 |
| New York | 28,494 | 3,738 | 13.1 |
| Philadelphia | 24,802 | 3,201 | 12.9 |
| Atlanta | 40,089 | 5,428 | 13.5 |
| Chicago | 45,717 | 5,637 | 12.3 |
| Dallas | 26,469 | 2,865 | 10.8 |
| Kansas City | 11,850 | 1,700 | 14.3 |
| Denver | 7,263 | 738 | 10.2 |
| San Francisco | 29,744 | 3,274 | 11.0 |
| Seattle | 8,297 | 965 | 11.6 |

¹Includes enrollees with unknown State of residence, but excludes those living in foreign countries.

MEDICAID RECIPIENTS/TRENDS

| | 1975 | 1981 | 1982 | 1983 | 1984 |
|--------------------------|---------------|------|------|------|------|
| | (in millions) | | | | |
| Total | 22.0 | 22.1 | 21.9 | 22.2 | 22.6 |
| Aged | 3.6 | 3.5 | 3.4 | 3.5 | 3.5 |
| Blind/ Disabled | 2.4 | 3.0 | 2.9 | 3.0 | 3.1 |
| Children under Age 21 | 11.4 | 10.9 | 11.1 | 10.4 | 10.5 |
| AFDC-Adults ¹ | 4.6 | 5.1 | 5.4 | 5.3 | 5.4 |

(Fiscal year data)

¹Aid for Families with Dependent Children (AFDC).

MEDICAID RECIPIENTS/STATE BUY-IN FOR MEDICARE

| | Calendar Year | |
|---------------------------|---------------|-------|
| | 1981 | 1975 |
| All Eligibles (thousands) | 3,257 | 3,364 |
| Aged Eligibles | 82% | 87% |
| Disabled Eligibles | 18% | 13% |

MEDICAID RECIPIENTS/DEMOGRAPHICS

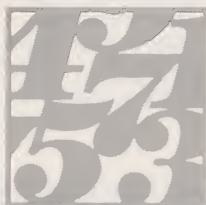
| | Fiscal Year 1980 |
|---|-----------------------------|
| All Recipients (thousands) | 21,604 |
| Age—38 Reporting Jurisdictions (thousands) | 16,105 |
| Under 6 | 18.6% |
| 6-20 | 32.0% |
| 21-64 | 34.0% |
| 65 and over | 15.4% |
| Sex—37 Reporting Jurisdictions (thousands) | 14,719 |
| Male | 35.7% |
| Female | 64.3% |
| Race—34 Reporting Jurisdictions (thousands) | 11,142 |
| White | 52.9% |
| Other Races | 42.3% |
| Unknown | 4.7% |

MEDICAID RECIPIENTS/REGION

| | FY 1982 Medicaid Recipients in thousands |
|---------------|---|
| All Regions | 21,936 |
| Boston | 1,216 |
| New York | 4,568 |
| Philadelphia | 2,075 |
| Atlanta | 2,903 |
| Chicago | 4,138 |
| Dallas | 1,595 |
| Kansas City | 743 |
| Denver | 335 |
| San Francisco | 3,879 |
| Seattle | 484 |

Providers /Suppliers

Information about institutions, agencies, or professionals who provide health care services and individuals or organizations who furnish health care equipment or supplies



These data are distributed by major provider/supplier categories, geographic region, and type of program participation. Utilization data organized by type of provider/supplier may be found in the Utilization section.

INPATIENT HOSPITALS/TRENDS

| | 1983 | 1978 | 1973 |
|--------------------------|-------|-------|-------|
| Total Hospitals | 6,737 | 6,755 | 6,744 |
| Beds (thousands) | 1,146 | 1,131 | 1,155 |
| Beds per 1,000 Enrollees | 43.7 | 48.0 | 54.5 |
| Short-Stay | 6,063 | 6,083 | 6,142 |
| Beds (thousands) | 1,018 | 944 | 859 |
| Beds per 1,000 Enrollees | 38.8 | 40.1 | 40.6 |
| Psychiatric | 416 | 402 | 352 |
| Beds (thousands) | 102 | 154 | 249 |
| Beds per 1,000 Enrollees | 3.9 | 6.5 | 11.8 |
| Other Long-Stay | 258 | 270 | 250 |
| Beds (thousands) | 26 | 32 | 47 |
| Beds per 1,000 Enrollees | 1.0 | 1.4 | 2.2 |

(Data as of January 1; rates based on number of aged HI enrollees. Facilities certified for Medicare are deemed to meet Medicaid standards.)

INPATIENT HOSPITALS/REGION

| | Short- Stay Hospitals | Beds per 1,000 Enrollees | Long- Stay Facilities | Beds per 1,000 Enrollees |
|---------------|-----------------------------|--------------------------------|-----------------------------|--------------------------------|
| All Regions | 6,063 | 38.8 | 674 | 4.9 |
| Boston | 266 | 32.8 | 64 | 9.1 |
| New York | 442 | 35.2 | 75 | 10.7 |
| Philadelphia | 482 | 38.6 | 86 | 6.3 |
| Atlanta | 1,107 | 39.3 | 91 | 3.0 |
| Chicago | 1,098 | 42.3 | 107 | 3.0 |
| Dallas | 917 | 44.6 | 53 | 2.9 |
| Kansas City | 546 | 42.2 | 102 | 5.7 |
| Denver | 331 | 41.4 | 19 | 4.9 |
| San Francisco | 616 | 35.3 | 65 | 2.6 |
| Seattle | 258 | 29.3 | 12 | 4.0 |

(January 1983 data; rates based on estimated number of aged HI enrollees.)

SKILLED NURSING FACILITIES/REGION

| | Title XVIII and XVIII/XIX Facilities | Beds | Title XIX Only Facilities | Beds |
|---------------|---|-------------|--|-------------|
| All Regions | 5,510 | 497,056 | 2,570 | 229,660 |
| Boston | 402 | 28,931 | 278 | 15,187 |
| New York | 676 | 89,368 | 93 | 10,919 |
| Philadelphia | 618 | 62,373 | 172 | 13,276 |
| Atlanta | 929 | 75,150 | 391 | 37,299 |
| Chicago | 1,186 | 97,668 | 777 | 80,856 |
| Dallas | 77 | 5,482 | 269 | 22,435 |
| Kansas City | 131 | 10,393 | 82 | 6,509 |
| Denver | 227 | 19,989 | 170 | 14,246 |
| San Francisco | 1,052 | 95,720 | 180 | 14,814 |
| Seattle | 212 | 11,982 | 158 | 14,119 |

(January 1983)

OTHER TITLE XIX LONG-TERM CARE FACILITIES/REGION

| | Intermediate Care Facilities | Beds | Institutions for Mentally Retarded |
|---------------|---|-------------|---|
| All Regions | 11,304 | 977,421 | 1,445 |
| Boston | 900 | 53,111 | 169 |
| New York | 472 | 54,407 | 211 |
| Philadelphia | 662 | 64,637 | 74 |
| Atlanta | 1,645 | 141,052 | 115 |
| Chicago | 3,334 | 307,102 | 559 |
| Dallas | 1,662 | 150,629 | 143 |
| Kansas City | 1,261 | 96,983 | 35 |
| Denver | 562 | 43,097 | 56 |
| San Francisco | 303 | 25,795 | 43 |
| Seattle | 503 | 40,608 | 40 |

(January 1983)

OTHER MEDICARE PROVIDERS AND SUPPLIERS/TRENDS

| | 1983 | 1978 | 1973 |
|------------------------------------|-------|-------|-------|
| Home Health Agencies | 3,627 | 2,496 | 2,212 |
| Independent Laboratories | 3,643 | 3,249 | 2,906 |
| End-Stage Renal Disease Facilities | 1,218 | 860 | — |
| Outpatient Physical Therapy | 631 | 192 | 110 |
| Portable X-Ray | 257 | 150 | 90 |
| Rural Health Clinics | 421 | — | — |

(January 1983)

SELECTED FACILITIES/TYPE OF CONTROL

| | Hospitals | Skilled Nursing Facilities | Home Health Agencies |
|----------------|-----------|----------------------------------|----------------------------|
| All Facilities | 6,733 | 5,599 | 3,847 |
| Nonprofit | 53.2% | 22.6% | 43.3% |
| Proprietary | 13.3% | 69.2% | 21.0% |
| Government | 33.6% | 8.2% | 35.7% |

(April 1983. Facilities certified for Medicare are deemed to meet Medicaid standards.)

PERIODIC INTERIM PAYMENT (PIP) FACILITIES/TRENDS

| | 1982 | 1981 | 1980 | 1975 |
|-----------------------------------|-------|-------|-------|-------|
| Hospitals | | | | |
| Number of PIP | 2,506 | 2,382 | 2,276 | 1,524 |
| Percent of Total Participating | 37.2 | 35.3 | 33.8 | 22.5 |
| Skilled Nursing Facilities | | | | |
| Number of PIP | 211 | 186 | 203 | 161 |
| Percent of Total Participating | 3.9 | 3.5 | 3.9 | 4.1 |
| Home Health Agencies | | | | |
| Number of PIP | 561 | 558 | 481 | 86 |
| Percent of Total Participating | 15.9 | 17.6 | 16.0 | 3.8 |

(Data for 1982 as of September; prior years as of December.)

PHYSICIANS/TRENDS

| | 1981 | | 1970 | |
|-----------------------------|---------|---------|---------|---------|
| | Number | Percent | Number | Percent |
| Non-Federal Physicians | | | | |
| Active in Patient Care | 373,644 | 100.0 | 255,027 | 100.0 |
| Medical Specialties | 109,074 | 29.2 | 60,968 | 23.9 |
| Surgical Specialties | 106,063 | 28.4 | 75,991 | 29.8 |
| Other Specialties | 101,833 | 27.3 | 63,970 | 25.1 |
| General and Family Practice | 56,674 | 15.2 | 54,098 | 21.2 |

PHYSICIANS/REGION

| | Non-Federal Physicians Active in Patient Care | Physicians Per 100,000 Population |
|---------------|--|---|
| All Regions | 373,644 | 1,604 |
| Boston | 25,141 | 2,020 |
| New York | 56,172 | 1,980 |
| Philadelphia | 43,242 | 1,748 |
| Atlanta | 52,893 | 1,336 |
| Chicago | 68,045 | 1,486 |
| Dallas | 33,749 | 1,311 |
| Kansas City | 15,802 | 1,337 |
| Denver | 10,209 | 1,432 |
| San Francisco | 55,969 | 1,923 |
| Seattle | 12,422 | 1,504 |

(Physicians as of December 1981; resident population as of July 1981.)

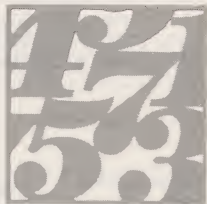
MEDICARE ASSIGNED CLAIMS/REGION

| | 1982 Net Assignment Rates | 1977 Net Assignment Rates |
|---------------|--|--|
| All Regions | 53.0 | 50.5 |
| Boston | 67.3 | 67.6 |
| New York | 55.8 | 50.2 |
| Philadelphia | 63.7 | 60.9 |
| Atlanta | 53.7 | 49.1 |
| Chicago | 49.7 | 46.8 |
| Dallas | 53.0 | 51.0 |
| Kansas City | 40.7 | 39.3 |
| Denver | 37.3 | 40.2 |
| San Francisco | 53.0 | 52.9 |
| Seattle | 29.9 | 32.5 |

(Calendar year data)

Expenditures

Information about spending for health care services by Medicare, Medicaid, and in the Nation as a whole



Health care spending at the aggregate levels is distributed by source of funds, types of service, geographic area, and broad beneficiary or eligibility categories. Direct out-of-pocket, other private, and non-HCFA related expenditures are also covered in this section. Expenditures on a per-unit-of-service level are covered in the Utilization section.

HCFA AND TOTAL FEDERAL DISBURSEMENTS

| | Fiscal Year 1982 |
|---|---------------------|
| | (in billions) |
| Total Federal Budget | \$728.4 |
| DHHS (34.6% of Federal Budget) | 251.7 |
| HCFA (9.3% of Federal Budget) | 67.9 |
| Medicare Benefit Payments | 49.2 |
| Medicaid Medical Assistance Payments | 16.5 |
| HCFA Program Management | 0.9 |
| State and Local Administration/Training | 0.9 |
| Other Administrative Expenses | 0.4 |

PROGRAM BENEFIT PAYMENTS/TRENDS

| | Total | Medicare | Medicaid ¹ |
|---------------|---------------|----------|-----------------------|
| | (in billions) | | |
| Calendar Year | | | |
| 1966 | \$ 2.5 | \$ 1.0 | \$ 1.5 |
| 1970 | 12.3 | 7.1 | 5.2 |
| 1980 | 61.2 | 35.7 | 25.5 |
| 1981 | 73.2 | 43.5 | 29.7 |
| 1982 | 83.5 | 51.1 | 32.4 |

¹ Federal and State expenditures combined.

PROGRAM BENEFIT PAYMENTS/REGION

| | Fiscal Year 1982 | |
|---------------|------------------|-----------------------|
| | Medicare | Medicaid ¹ |
| | (in millions) | |
| All Regions | \$49,149 | \$16,511 |
| Boston | 3,102 | 1,216 |
| New York | 6,397 | 3,428 |
| Philadelphia | 5,519 | 1,642 |
| Atlanta | 8,072 | 2,174 |
| Chicago | 10,021 | 3,259 |
| Dallas | 4,017 | 1,449 |
| Kansas City | 2,653 | 598 |
| Denver | 1,064 | 338 |
| San Francisco | 6,855 | 2,035 |
| Seattle | 1,417 | ² 372 |

MEDICARE/TRUST FUND PROJECTIONS

| | Fiscal Year | | |
|-----------------------------------|---------------|--------|--------|
| | 1982 | 1983 | 1984 |
| | (in billions) | | |
| HI Benefit Payments ¹ | \$34.3 | \$38.6 | \$44.3 |
| Aged | 30.3 | 34.2 | 39.4 |
| Disabled | 4.0 | 4.4 | 4.9 |
| SMI Benefit Payments ¹ | 14.8 | 17.5 | 20.4 |
| Aged | 12.3 | 14.7 | 17.2 |
| Disabled | 2.5 | 2.9 | 3.2 |

¹ 1983 Annual Reports of the Board of Trustees of the Federal Hospital Insurance (HI) Trust Fund and Supplementary Medical Insurance (SMI) Trust Fund.

MEDICARE/TYPE OF BENEFIT

| | FY 1982 | Percent Distribution |
|---------------------------|---------------------------------|-------------------------|
| | Benefit Payments in millions | |
| Total HI ¹ | \$34,343 | 100.0 |
| Inpatient Hospital | 32,683 | 95.2 |
| Skilled Nursing Facility | 465 | 1.4 |
| Home Health Agency | 1,195 | 3.5 |
| Total SMI ¹ | \$14,806 | 100.0 |
| Physician/Other Suppliers | 10,800 | 72.9 |
| Radiology and Pathology | 612 | 4.1 |
| Outpatient Hospital | 2,883 | 19.5 |
| Home Health Agency | 26 | 0.2 |
| Group Practice Prepayment | 310 | 2.1 |
| Independent Laboratory | 175 | 1.2 |

¹ Hospital insurance (HI); supplementary medical insurance (SMI).

MEDICAID/BASIS OF ELIGIBILITY

| | FY 1982 | Percent |
|--------------------------|------------------------|---------------------|
| | Vendor Payments | Distribution |
| | in millions | |
| Total | \$29,906 | 100.0 |
| Aged | 10,854 | 36.3 |
| Blind/ Disabled | 10,675 | 35.7 |
| Children under Age 21 | 4,204 | 14.1 |
| AFDC-Adults ¹ | 4,174 | 14.0 |

¹ Aid for Families with Dependent Children (AFDC).

MEDICAID/TYPE OF SERVICE

| | Fiscal Year | |
|--------------------------------------|---------------------------|-------------|
| | 1982 | 1981 |
| | (in billions) | |
| Total Vendor Payments | \$29.9 | \$27.3 |
| | (percent of total) | |
| Inpatient Services | 29.6 | 29.8 |
| General Hospitals | 26.2 | 26.4 |
| Mental Hospitals | 3.4 | 3.4 |
| ICF Services ¹ | 28.7 | 27.2 |
| Mentally Retarded | 12.1 | 10.7 |
| All Other | 16.6 | 16.5 |
| Skilled Nursing Facility Services | 14.7 | 15.2 |
| Physician Services | 7.0 | 7.7 |
| Prescribed Drugs | 5.3 | 5.6 |
| Outpatient Hospital Services | 5.3 | 5.1 |
| Dental Services | 1.7 | 2.0 |
| Home Health Services | 1.7 | 1.6 |
| Clinic Services | 1.4 | 1.4 |
| Other Practitioner Services | 0.8 | 0.8 |
| Laboratory and Radiological Services | 0.5 | 0.5 |
| Family Planning Services | 0.4 | 0.5 |
| Other Care | 2.8 | 2.5 |

¹ Intermediate care facility (ICF).

NATIONAL HEALTH CARE/TRENDS

| | Calendar Year | | | |
|-----------------------------|--------------------|---------|--------|--------|
| | 1982 | 1981 | 1970 | 1965 |
| National Total (billions) | \$322.4 | \$286.6 | \$74.7 | \$41.7 |
| Percent of GNP ¹ | 10.5 | 9.8 | 7.5 | 6.0 |
| Per Capita Amount | \$1,365 | \$1,225 | \$ 358 | \$ 211 |
| Source of Funds | (percent of total) | | | |
| Private | 57.6 | 57.4 | 62.8 | 74.1 |
| Public | 42.4 | 42.6 | 37.2 | 25.9 |
| Federal | 28.9 | 29.2 | 23.7 | 13.3 |
| Medicare | 16.2 | 15.6 | 10.0 | — |
| Medicaid | 5.6 | 6.0 | 4.0 | — |
| Other | 7.1 | 7.5 | 9.6 | 13.3 |
| State/Local | 13.5 | 13.4 | 13.6 | 12.6 |
| Medicaid | 5.0 | 4.6 | 3.3 | — |
| Other | 8.6 | 8.8 | 10.3 | 12.6 |

¹Gross national product (GNP).

NATIONAL HEALTH CARE/TYPE OF EXPENDITURE

| | National Total in billions | Per Capita Amount | Percent Paid by Medicare | Percent Paid by Medicaid |
|-----------------------|----------------------------------|-------------------------|--------------------------------|--------------------------------|
| Total | \$322.4 | \$1,365 | 16.2 | 10.5 |
| Health Services and | | | | |
| Supplies | 308.3 | 1,305 | 16.9 | 11.0 |
| Personal Health Care | 286.9 | 1,215 | 17.7 | 11.3 |
| Hospital Care | 135.5 | 574 | 26.8 | 8.7 |
| Physicians' Services | 61.8 | 262 | 18.5 | 4.7 |
| Nursing Home Care | 27.3 | 116 | 1.7 | 48.5 |
| Other Personal Care | 62.2 | 263 | 4.3 | 7.2 |
| Other Services and | | | | |
| Supplies | 21.4 | 90 | 6.0 | 7.2 |
| Research/Construction | 14.1 | 60 | — | — |

(Calendar year 1982)

PERSONAL HEALTH CARE/PAYMENT SOURCE

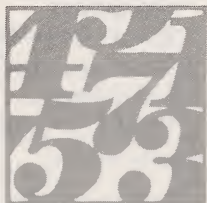
| | Calendar Year | | |
|---------------|---------------|---------|--------|
| | 1982 | 1981 | 1970 |
| | (in billions) | | |
| Total | \$286.9 | \$254.6 | \$65.1 |
| Private | (percent) | | |
| Out-of-Pocket | 31.5 | 32.2 | 39.9 |
| Other Private | 28.2 | 27.6 | 25.6 |
| Public | | | |
| Medicare | 17.7 | 17.1 | 10.9 |
| Medicaid | 11.3 | 11.4 | 8.0 |
| Other Public | 11.3 | 11.7 | 15.6 |

PERSONAL HEALTH CARE/REGION

| | Total | Hospital Care | Physicians' Services | Nursing Home Care |
|---------------|---------------|------------------|-------------------------|----------------------|
| | (in billions) | | | |
| All Regions | \$165.5 | \$74.8 | \$35.8 | \$15.2 |
| Boston | 10.3 | 5.0 | 1.8 | 1.4 |
| New York | 20.4 | 9.5 | 4.0 | 2.2 |
| Philadelphia | 18.2 | 9.1 | 3.6 | 1.4 |
| Atlanta | 24.1 | 10.7 | 5.5 | 1.7 |
| Chicago | 34.4 | 15.9 | 7.1 | 3.6 |
| Dallas | 15.7 | 6.9 | 3.5 | 1.4 |
| Kansas City | 8.9 | 4.1 | 1.8 | 1.0 |
| Denver | 4.5 | 1.9 | 1.0 | 0.4 |
| San Francisco | 23.7 | 9.8 | 6.2 | 1.6 |
| Seattle | 5.4 | 2.0 | 1.2 | 0.6 |

(Calendar year 1978 data; total includes other services not shown separately.)

Utilization



Information about the use of health care services

Utilization information is organized by persons receiving services and alternately by services rendered. Measures of health care use include: persons served; units of service (e.g., admissions, discharges, days of care, etc.); and dimensions of the services rendered (e.g., average length of stay, charge per person or per unit of service). These utilization measures are aggregated by program coverage categories, by provider characteristics, by type of service, and by demographic and geographic variables.

MEDICARE/SHORT-STAY HOSPITAL

| | Total | Aged | Disabled |
|---|--------------|-------------|-----------------|
| Number of Admissions (millions) | 10.9 | 9.6 | 1.3 |
| Days of Care | | | |
| Total (millions) | 113.0 | 99.9 | 13.1 |
| Rate per 1,000 Enrollees | 3,953 | 3,904 | 4,352 |
| Covered (millions) | 110.3 | 97.7 | 12.7 |
| Average Length of Stay per Admission | 10.3 | 10.5 | 9.9 |
| Covered Charges | | | |
| Total (billions) | \$39.0 | \$34.2 | \$ 4.8 |
| Mean per Covered Day | \$ 354 | \$ 350 | \$ 376 |
| Interim Reimbursement | | | |
| Total (billions) | \$26.8 | \$23.6 | \$ 3.2 |
| Mean per Covered Day | \$ 243 | \$ 242 | \$ 256 |

(Calendar year 1981)

MEDICARE/LONG-TERM CARE

| | Total | Aged | Disabled |
|-------------------------------------|--------------|-------------|-----------------|
| Skilled Nursing | | | |
| Covered Days (thousands) | 8,481 | 8,179 | 302 |
| Interim Reimbursement | | | |
| Total (millions) | \$ 399 | \$ 384 | \$ 15 |
| Mean per Covered Day | \$ 47 | \$ 47 | \$ 51 |
| Long-Stay Inpatient | | | |
| Covered Days (thousands) | 2,766 | 1,578 | 1,188 |
| Interim Reimbursement | | | |
| Total (millions) | \$ 363 | \$ 233 | \$ 131 |
| Mean per Covered Day | \$ 131 | \$ 148 | \$ 110 |
| Home Health | | | |
| Visits (thousands) | 26,489 | 24,372 | 2,117 |
| Charges | | | |
| Total (millions) | \$1,004 | \$ 923 | \$ 82 |
| Visit (millions) | \$ 959 | \$ 881 | \$ 77 |
| Mean per Visit | \$ 36 | \$ 36 | \$ 36 |
| Interim Reimbursement (millions) | \$ 872 | \$ 800 | \$ 71 |

(Calendar year 1981)

MEDICARE PERSONS SERVED/TRENDS

| | Calendar Year | | | |
|--|---------------|------|------|------|
| | 1983 | 1977 | 1972 | 1967 |
| Aged Persons Served per 1,000 Enrollees | | | | |
| HI and/or SMI ¹ | 670 | 570 | 467 | 367 |
| HI | 250 | 231 | 215 | 203 |
| SMI | 680 | 581 | 473 | 365 |
| Disabled Persons Served per 1,000 Enrollees | | | | |
| HI and/or SMI ¹ | 640 | 504 | — | — |
| HI | 270 | 229 | — | — |
| SMI | 680 | 535 | — | — |

¹ Hospital insurance (HI); supplementary medical insurance (SMI).

MEDICARE PERSONS SERVED/TYPE OF SERVICE

| | Aged Persons Served in thousands | Served per 1,000 Enrollees | Disabled Persons Served in thousands | Served per 1,000 Enrollees |
|--------------------------------|---|----------------------------------|---|----------------------------------|
| HI and/or SMI ¹ | 17,036 | 655 | 1,845 | 615 |
| HI | 6,229 | 243 | 754 | 251 |
| Inpatient Hospital | 6,072 | 237 | 739 | 246 |
| Skilled Nursing Facility | 243 | 10 | 8 | 3 |
| Home Health Agency | 881 | 34 | 67 | 22 |
| SMI | 16,858 | 670 | 1,810 | 656 |
| Physician and Other Medical | 16,380 | 651 | 1,717 | 622 |
| Outpatient | 7,096 | 282 | 975 | 353 |
| Home Health Agency | 187 | 7 | 14 | 5 |

(Calendar year 1981)

¹ Hospital insurance (HI); supplementary medical insurance (SMI).

MEDICARE PERSONS SERVED/REGION

| | Aged Persons Served in thousands | Served per 1,000 Enrollees | Disabled Persons Served in thousands | Served per 1,000 Enrollees |
|---------------|---|----------------------------------|---|----------------------------------|
| All Regions | 17,036 | 655 | 1,845 | 615 |
| Boston | 1,084 | 708 | 92 | 648 |
| New York | 2,232 | 680 | 245 | 581 |
| Philadelphia | 1,860 | 663 | 209 | 618 |
| Atlanta | 3,055 | 654 | 389 | 610 |
| Chicago | 3,242 | 644 | 333 | 633 |
| Dallas | 1,554 | 616 | 167 | 551 |
| Kansas City | 980 | 632 | 81 | 602 |
| Denver | 430 | 647 | 36 | 608 |
| San Francisco | 2,018 | 706 | 240 | 716 |
| Seattle | 575 | 671 | 52 | 609 |

(Calendar year 1981 data; served under hospital insurance (HI) and/or supplementary medical insurance (SMI)).

MEDICARE/END-STAGE RENAL DISEASE

| | Calendar Year | |
|-------------------------------|---------------|----------|
| | 1982 | 1981 |
| Total Beneficiaries | 70,055 | 67,385 |
| Dialysis Patients | 65,763 | 58,924 |
| In-Center | 54,033 | 49,450 |
| Home | 11,730 | 9,474 |
| Transplants Performed | 5,358 | 4,885 |
| Living Related Donor | 1,677 | 1,458 |
| Cadaveric Donor | 3,681 | 3,427 |
| Average Transplant Cost | \$26,036 | \$19,474 |
| Average Dialysis Payment Rate | \$156 | \$152 |
| Hospital Based | 174 | 166 |
| Non-Hospital Centers | 138 | 138 |

MEDICAID/TYPE OF SERVICE

| | Recipients in thousands |
|--------------------------------------|------------------------------------|
| Total | 21,936 |
| Inpatient Services | |
| General Hospitals | 3,589 |
| Mental Hospitals | 76 |
| Skilled Nursing Facility Services | 558 |
| Intermediate Care Facility Services | |
| Mentally Retarded | 154 |
| All Other | 766 |
| Physician Services | 14,018 |
| Dental Services | 4,923 |
| Other Practitioner Services | 3,268 |
| Outpatient Hospital Services | 10,076 |
| Clinic Services | 1,739 |
| Laboratory and Radiological Services | 3,962 |
| Home Health Services | 396 |
| Prescribed Drugs | 13,680 |
| Family Planning Services | 1,476 |
| Other Care | 2,388 |

(Fiscal year 1982)

MEDICAID/UNITS OF SERVICE

| | Number in thousands |
|---|--------------------------------|
| General Hospital | |
| Total Discharges | 3,546 |
| Recipients Discharged | 2,196 |
| Total Days of Care | 21,936 |
| Skilled Nursing Facility | |
| Total Recipients | 436 |
| Total Days of Care | 81,955 |
| Intermediate Care Facility ¹ | |
| Total Recipients | 619 |
| Total Days of Care | 151,270 |
| Physician Visits | 67,140 |
| Drug Prescriptions | 148,150 |

(Based on reporting States in fiscal year 1979.)

¹Excludes mentally retarded.

MEDICAID/EPSDT¹

| | Fiscal Year 1982 |
|---------------------------------------|---------------------|
| Total Reported Individuals Screened | 1,704,984 |
| Total Payments for Screening Services | \$60,972,010 |
| Average Screening Cost | \$36 |

¹ Early and Periodic Screening, Diagnosis, and Treatment.

MEDICAID/ABORTIONS

| | Fiscal Year 1982 |
|--------------------------|---------------------|
| Total | 1,033 |
| Life of Woman Endangered | 83.2% |
| Rape or Incest | 4.9% |
| Medically Necessary | 11.9% |
| Total Expenditures | \$555,953 |

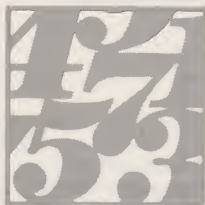
MEDICAID/STERILIZATIONS

| | Total | Male | Female |
|------|-------|----------------|--------|
| | | (in thousands) | |
| 1976 | 75.6 | 3.3 | 72.3 |
| 1977 | 77.9 | 3.2 | 74.7 |
| 1978 | 85.1 | 3.1 | 82.0 |
| 1979 | 76.5 | 2.2 | 74.2 |
| 1980 | 86.6 | 2.2 | 84.4 |
| 1981 | 100.1 | 2.8 | 97.3 |

(Calendar year data)

Administrative /Operating

Information on activities and services related to oversight of the day-to-day operations of HCFA programs



Included are data on Medicare contractors, contractor activities and performance, HCFA and State Agency administrative costs, and summaries of the operation of the Medicare trust funds.

MEDICARE ADMINISTRATIVE EXPENSES/TRENDS

| | Administrative Expenses in millions | Ratio to Benefit Payments |
|-----------------------------|---|---------------------------------|
| HI Trust Fund ¹ | | |
| 1970 | \$157 | 3.1% |
| 1975 | 266 | 2.4 |
| 1980 | 512 | 2.0 |
| 1981 | 384 | 1.3 |
| 1982 | 513 | 1.4 |
| SMI Trust Fund ¹ | | |
| 1970 | \$237 | 12.0% |
| 1975 | 462 | 10.8 |
| 1980 | 610 | 5.7 |
| 1981 | 915 | 7.0 |
| 1982 | 772 | 5.0 |

(Calendar year data)

¹ Hospital insurance (HI); supplementary medical insurance (SMI).

MEDICARE/CONTRACTORS

| | Part A Intermediaries | Part B Carriers |
|------------------------|--------------------------|--------------------|
| Blue Cross/Blue Shield | 54 | 27 |
| Other | 9 | ¹ 13 |
| HCFA | 1 | 1 |

(July 1983)

¹ Includes Railroad Retirement Board.

MEDICARE/CLAIMS PROCESSING

| | Part A Intermediaries | Part B Carriers |
|-------------------------------------|--------------------------|--------------------|
| Claims Processed (millions) | 40.2 | 174.9 |
| Net Administrative Costs (millions) | \$148.1 | \$437.3 |
| Net Unit Cost per Claim | \$ 3.69 | \$ 2.50 |
| Adjusted Unit Cost per Claim | \$ 3.44 | \$ 2.39 |
| Range: | | |
| High | \$ 5.85 | \$ 3.19 |
| Low | \$ 2.56 | \$ 1.81 |
| Average Processing Time (days) | 8.3 | 10.4 |

(Fiscal year 1982)

MEDICARE/CLAIMS RECEIVED

| | Calendar Year 1982 |
|--------------------------|-------------------------------|
| Intermediary (thousands) | 47,930 |
| Inpatient Hospital | 26.2% |
| Outpatient Hospital | 58.6% |
| Home Health Agency | 9.2% |
| Skilled Nursing Facility | 1.8% |
| Other | 4.2% |
| Carrier (thousands) | 192,380 |
| Assigned HCFA-1490 | 50.3% |
| Unassigned HCFA-1490 | 44.6% |
| HCFA 1554 and 1556 | 5.2% |

MEDICARE/REASONABLE CHARGE REDUCTIONS

| | Assigned HCFA-1490 | Unassigned HCFA-1490 |
|--------------------------|-------------------------------|---------------------------------|
| Claims Approved | | |
| Number (thousands) | 91,615 | 80,253 |
| Percent Reduced | 83.3 | 85.4 |
| Total Covered Charges | | |
| Amount (millions) | \$11,315 | \$9,545 |
| Percent Reduced | 24.3 | 23.9 |
| Amount Reduced per Claim | \$ 30.00 | \$28.42 |

(Calendar year 1982)

MEDICARE/APPEALS

| | Part A Reconsiderations | Part B Reviews |
|-----------|------------------------------------|---------------------------|
| Received | 29,085 | 2,326,051 |
| Processed | 29,292 | 2,355,149 |
| Affirmed | 77.1% | 40.6% |
| Pending | 4,907 | 114,669 |

(Calendar year 1982)

MEDICAID/ADMINISTRATION AND TRAINING

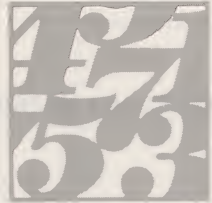
| | Fiscal Year | |
|--|-------------------|-------------|
| | 1982 ¹ | 1981 |
| | (in thousands) | |
| Total Payments Computable for | | |
| Federal Funding | \$1,464,414 | \$1,327,657 |
| Unadjusted Federal Share | 871,103 | 783,302 |
| Administration: | | |
| Family Planning | 470 | 1,082 |
| Design, Development or Installation of MMIS ² | 27,632 | 44,773 |
| Skilled Professional Medical Personnel | 150,998 | 137,037 |
| Operation of an Approved MMIS ² | 228,909 | 162,315 |
| Other Financial Participation | 423,062 | 401,052 |
| Mechanized Systems Not Approved Under MMIS ² | 35,878 | 33,921 |
| Total Administration | 866,949 | 780,179 |
| Total Training | 4,153 | 3,123 |
| Adjusted Federal Share | 942,471 | 826,628 |

¹Preliminary data.

²Medicaid Management Information System.

Fraud and Abuse /Quality Control

**Information on activities for detection
of fraud and abuse in HCFA programs
and on quality control operations**



Included are data on the validity of contractor and State administered procedures and systems, claims processing, report settlement, eligibility determinations, third-party liability, fraud and abuse workloads, and administrative sanctions.

FRAUD AND ABUSE/ADMINISTRATIVE SANCTIONS

| | Administrative Sanction Activities | | Reinstatements | |
|------------------|---|-------------|-----------------------|-------------|
| | 1982 | 1981 | 1982 | 1981 |
| Total | 99 | 39 | 13 | 19 |
| Suspensions | 74 | 17 | 13 | 17 |
| Exclusions | | | | |
| Section 1862 (d) | 17 | 18 | 0 | 2 |
| Section 1160 | 8 | 4 | 0 | 0 |
| Terminations | 0 | 0 | 0 | 0 |

(Fiscal year data)

FRAUD AND ABUSE/INTEGRITY REVIEWS

| | Medicare | | Medicaid | |
|------------------------|-----------------|-------------|-----------------|-------------|
| | 1982 | 1981 | 1982 | 1981 |
| Total Receipts | 24,841 | 24,004 | 26,391 | 19,941 |
| Total Completed | 27,746 | 29,232 | 22,459 | 23,491 |
| Overpayments | | | | |
| Established (millions) | \$2.9 | \$4.0 | \$7.2 | \$11.3 |

(Fiscal year data)

FRAUD AND ABUSE/FULL-SCALE ABUSE INVESTIGATIONS

| | Medicare | | Medicaid | |
|------------------------|-----------------|-------------|-----------------|-------------|
| | 1982 | 1981 | 1982 | 1981 |
| Total Initiated | 2,522 | 2,202 | 2,780 | 2,907 |
| Total Completed | 2,892 | 2,639 | 3,464 | 3,368 |
| Overpayments | | | | |
| Established (millions) | \$13.7 | \$17.6 | \$45.9 | \$32.1 |

(Fiscal year data)

QUALITY CONTROL/MEDICARE PART B CARRIERS

| | Average Carrier Error Rate | | |
|---|----------------------------|------|------|
| | 1982 | 1981 | 1977 |
| Occurrence (Claims processing errors per 100 line items) | 6.7 | 8.0 | 8.7 |
| Assigned | 6.1 | 7.5 | 8.3 |
| Hospital-Based | 7.6 | 8.2 | 7.8 |
| Unassigned | 7.3 | 8.6 | 9.2 |
| Payment/ Deductible (Dollar error per \$100 of submitted charges) | | | |
| With Non-Review Penalty | 1.6 | 2.0 | 2.2 |
| Without Non-Review Penalty | 1.6 | 1.9 | 1.9 |
| Assigned | 1.5 | 1.8 | 1.8 |
| Hospital-Based | 1.5 | 1.7 | 1.4 |
| Unassigned | 1.7 | 2.2 | 2.0 |

(Calendar year data)

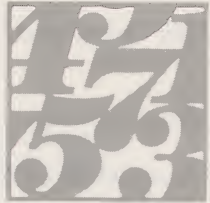
QUALITY CONTROL/MEDICAID

| | National Average Error Rate | | |
|--------------------------|--------------------------------|----------------------|---------------------|
| | Oct. 80- Sept. 81 | Apr. 80- Sept. 80 | Oct. 79- Mar. 80 |
| | (percent of dollars) | | |
| Eligibility ¹ | 3.8 | 5.0 | 5.2 |
| All Cases | 4.5 | 4.8 | 5.3 |
| Eligibility | 2.9 | 3.9 | 4.0 |
| Claims Processing | 1.1 | 0.5 | 0.7 |
| Third-Party Liability | 0.5 | 0.3 | 0.6 |
| | (percent of cases) | | |
| Total Case Error | 10.2 | 9.9 | 9.9 |

¹Excludes Supplemental Security Income determinations.

Reference

Selected reference material on cost-sharing features of the Medicare programs, program financing, administrative regions, and Medicaid Federal matching percentages



MEDICARE DEDUCTIBLE AND COINSURANCE AMOUNTS

| Part A (effective date) | Amount |
|---|--|
| Inpatient hospital deductible (1/1/83) | \$304/benefit period |
| Regular coinsurance day (1/1/83) | \$76/day for 61st thru 90th day |
| Lifetime reserve day (1/1/83) | \$152/day (60 nonrenewable days) |
| SNF coinsurance day (1/1/83) | \$38.00/day for 21st thru 100th day |
| Blood deductible | first 3 pints/benefit period |
| Voluntary HI premium (7/82) | \$113/month |
| Part B (effective date) | Amount |
| Deductible (1/1/82) | \$75 in reasonable charges/year |
| Blood deductible | first 3 pints/calendar year |
| Coinsurance | 20 percent of reasonable charges |
| Premium (7/1/82) | \$12.20/month |
| Outpatient treatment for mental illness | 50 percent of approved charges/\$250 maximum annual program payments |
| Licensed physical therapist's services in home or office (1/1/82) | \$400 maximum annual program payment |

PROGRAM FINANCING

Medicare/Source of Income

Hospital Insurance (HI) Trust Fund:

1. Payroll taxes*
2. Transfers from railroad retirement account
3. General revenue for
 - a. uninsured persons
 - b. military wage credits
 - c. PSRO review
4. Premiums from voluntary enrollees
5. Interest on investments

*** Contribution rate**

| | |
|-------------------------------|--------------|
| Employees and employers, each | 1.30 percent |
| Self-employed | 1.30 percent |

Maximum taxable amount (1983) \$35,700

Supplementary Medical Insurance (SMI) Trust Fund:

1. Premiums paid by or on behalf of enrollees
2. General revenue
3. Interest on investments

Medicaid/Financing

1. Federal contributions (ranging from 50 to 78 percent)
2. State contributions (ranging from 22 to 50 percent)

GEOGRAPHICAL JURISDICTIONS OF HCFA REGIONAL OFFICES AND FEDERAL MEDICAL ASSISTANCE PERCENTAGES (FMAP)

| I. Boston | | FMAP | VI. Dallas | | FMAP |
|--------------------------|--|-------------|--------------------------|--|-------------|
| Connecticut | | 50 | Arkansas | | 74 |
| Maine | | 71 | Louisiana | | 64 |
| Massachusetts | | 50 | New Mexico | | 69 |
| New Hampshire | | 59 | Oklahoma | | 58 |
| Rhode Island | | 58 | Texas | | 54 |
| Vermont | | 69 | | | |
| II. New York | | | VII. Kansas City | | |
| New Jersey | | 50 | Iowa | | 55 |
| New York | | 50 | Kansas | | 51 |
| Puerto Rico | | 50 | Missouri | | 61 |
| Virgin Islands | | 50 | Nebraska | | 57 |
| Canada | | N/A | VIII. Denver | | |
| III. Philadelphia | | | Colorado | | 50 |
| Delaware | | 50 | Montana | | 64 |
| Dis. of Columbia | | 50 | N. Dakota | | 61 |
| Maryland | | 50 | S. Dakota | | 68 |
| Pennsylvania | | 56 | Utah | | 71 |
| West Virginia | | 71 | Wyoming | | 50 |
| IV. Atlanta | | | IX. San Francisco | | |
| Alabama | | 72 | Arizona | | 61 |
| Florida | | 58 | California | | 50 |
| Georgia | | 67 | Hawaii | | 50 |
| Kentucky | | 71 | Nevada | | 50 |
| Mississippi | | 78 | American Samoa | | N/A |
| North Carolina | | 70 | Guam | | 50 |
| South Carolina | | 74 | N. Mariana Islands | | 50 |
| Tennessee | | 71 | Mexico | | N/A |
| V. Chicago | | | X. Seattle | | |
| Illinois | | 50 | Alaska | | 50 |
| Indiana | | 60 | Idaho | | 67 |
| Michigan | | 51 | Oregon | | 57 |
| Minnesota | | 53 | Washington | | 50 |
| Ohio | | 55 | | | |
| Wisconsin | | 57 | | | |



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